

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/24/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155249		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/02/2012	
NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB-FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP CODE 6006 BRANDY CHASE COVE FORT WAYNE, IN 46815			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F0000	<p>This visit was for the Investigation of Complaints IN00112237 and IN00112802.</p> <p>Complaints IN00112237 and IN00112802 - Substantiated. Federal/State Deficiencies related to the allegations are cited at F-441.</p> <p>Survey Dates: August 1 &amp; 2, 2012</p> <p>Facility number: 000153 Provider number: 155249 AIM number: 100266910</p> <p>Survey team: Angela Strass, RN Sue Brooker, RD Rick Blain, RN</p> <p>Census bed type: SNF/NF: 138 Total: 138</p> <p>Census payor type: Medicare: 14 Medicaid: 95 Other: 29 Total: 138</p> <p>Sample: 8</p>		F0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 8/08/12 by Suzanne Williams, RN</p>						

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F0441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation and record review, the facility failed to ensure staff</p>			F0441	1. CNA #1 was re-educated at the time of ISDH survey.		09/03/2012

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	<p>maintained infection control standards for 1 of 2 residents observed during catheter care. (Resident J)</p> <p>Finding includes:</p> <p>On 8/2/12 at 9:30 a.m. CNA #1 was observed providing catheter care for Resident J.</p> <p>The CNA donned a pair of gloves and proceeded to cleanse the resident's perineal area with no rinse wipes. During the care, the resident had a bowel movement, and the CNA contaminated her gloves.</p> <p>After cleaning the resident, the CNA touched the resident's gown, and bed mattress. She then opened the drawer of the bedside table, removed a tube of ointment, placed some on her gloved hand and applied to the resident's buttock. The CNA then opened the bedside drawer and placed the ointment back in the drawer and then removed her contaminated gloves.</p> <p>On 8/2/12 at 1:30 p.m., review of the facility policy for "Using Gloves," dated 3/12/12, indicated gloves were to be changed between tasks and procedures on the same resident after contact with material that may contain a high concentration of microorganisms, and to</p>			<p>Resident J did not incur any negative outcome as a result of the care provided.</p> <p>1.All residents have the potential to be affected; therefore this plan of correction applies to all residents.</p> <p>2.Nursing center staff has received in-service education relative to infection control, catheter care, and glove use. A performance tool has been developed to monitor catheter care and glove use. Director of Nursing, or designee, shall be responsible for completion of these Performance Improvement tools daily, on scheduled work days of work, across all 3 shifts, for 30 days. Any concerns will be immediately addressed with the responsible individual(s). Thereafter, Director of Nursing, or designee, will monitor catheter care and glove use randomly during the week prior to monthly PI committee meeting, on at least 5 residents, for a minimum of 5 months. Any concerns will be immediately addressed with the responsible individual(s).</p> <p>3.Director of Nursing will review findings weekly and report findings to PI committee monthly for six months.</p> <p>4.Completion Date: September 3, 2012</p>			

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	<p>remove gloves promptly after use, and wash hands immediately before touching non-contaminated items and environmental surfaces.</p> <p>This federal tag relates to complaints IN00112237 and IN00112802.</p> <p>3.1-18(b) 3.1-18(l)</p>						